


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000006442</b>	
1. Entity Name PERDUE FARMS INCORPORATED	

Principal Place of Business 31149 OLD OCEAN CITY ROAD SALISBURY, MD 21801	Mailing Address 31149 OLD OCEAN CITY ROAD SALISBURY, MD 21801
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**DO NOT WRITE IN THIS SPACE**



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1081876	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB PERDUE, JAMES A 31149 OLD OCEAN CITY ROAD SALISBURY, MD 21801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO TURLEY, ROBERT A 31149 OLD OCEAN CITY ROAD SALISBURY, MD 21801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNES, R. ELAINE 31149 OLD OCEAN CITY ROAD SALISBURY, MD 21801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCAS FRERICHS, HERBERT D JR. 31149 OLD OCEAN CITY ROAD SALISBURY, MD 21801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO TURLEY, ROBERT A 31149 OLD OCEAN CITY ROAD SALISBURY, MD 21801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PERDUE, FRANKLIN P 31149 OLD OCEAN CITY ROAD SALISBURY, MD 21801

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07/16/04-80007-003 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. Elaine Barnes 7-8-04 (410) 543-3862  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

R. Elaine Barnes